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03 FC	8001 <sub>APPLICATION NO.</sub>	FILING DATE	THE F	IRST NAME	D INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/678,278	278 10/06/2003			John P. Concialdi		9000.008	2412	
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	APPLN, TYPE			E	PUBLICA		TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional YES		\$700		\$3	\$300 \$1000 08/31/2005		08/31/2005	
	EXAMINER		ART UNIT		CLASS-SI	LASS-SUBCLASS			
	KAMEN,	3747		123-1	123-184570				
	CFR 1.363).  Change of correspond Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	ation form	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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